

Name  
in  
Full

Joseph Baldwin

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND				
Date of death	Month	Day	Years	Months	Days		
1907	10	20	73		21		
Sex	Color or Race	white	Birth-place	Md			
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband	Julia Ann Baldwin					
Father's Name	William A. Baldwin					Father's Birthplace	Md
Mother's Maiden Name	Mary Mershaw					Mother's Birthplace	Md
Name of person giving information	Francis J. Baldwin					How related to deceased	Son

CAUSES OF DEATH

64

How long

How long

a few hours

progressive

PHYSICIAN  
OR CORONER

Primary

Hemorrhage into Brain

Immediate

Shock

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

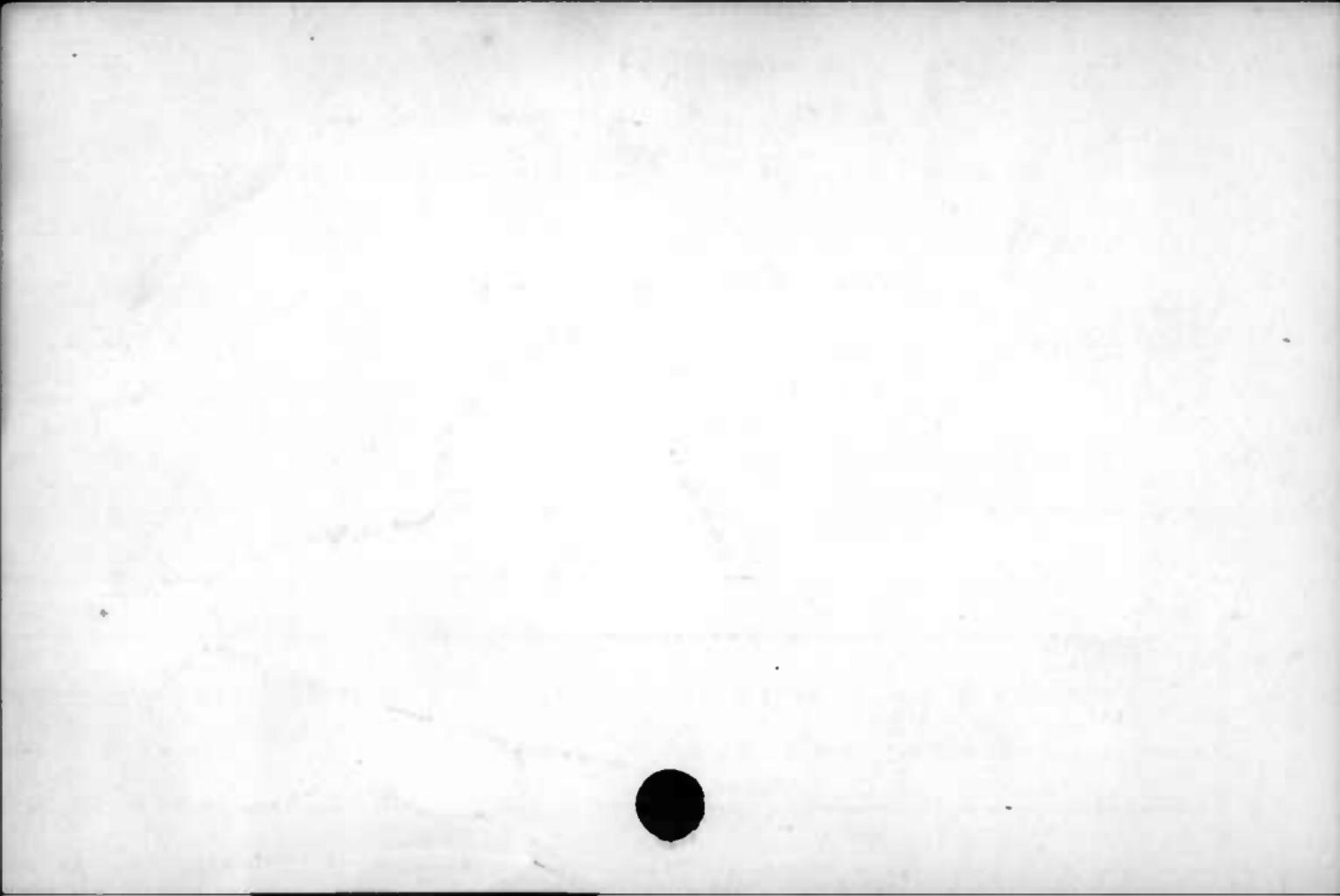
W. M. Baldwin M.D.

Savage

Md

Accident or Suicide?

No



Name  
in  
Full

Amelia Elizabeth Brown

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

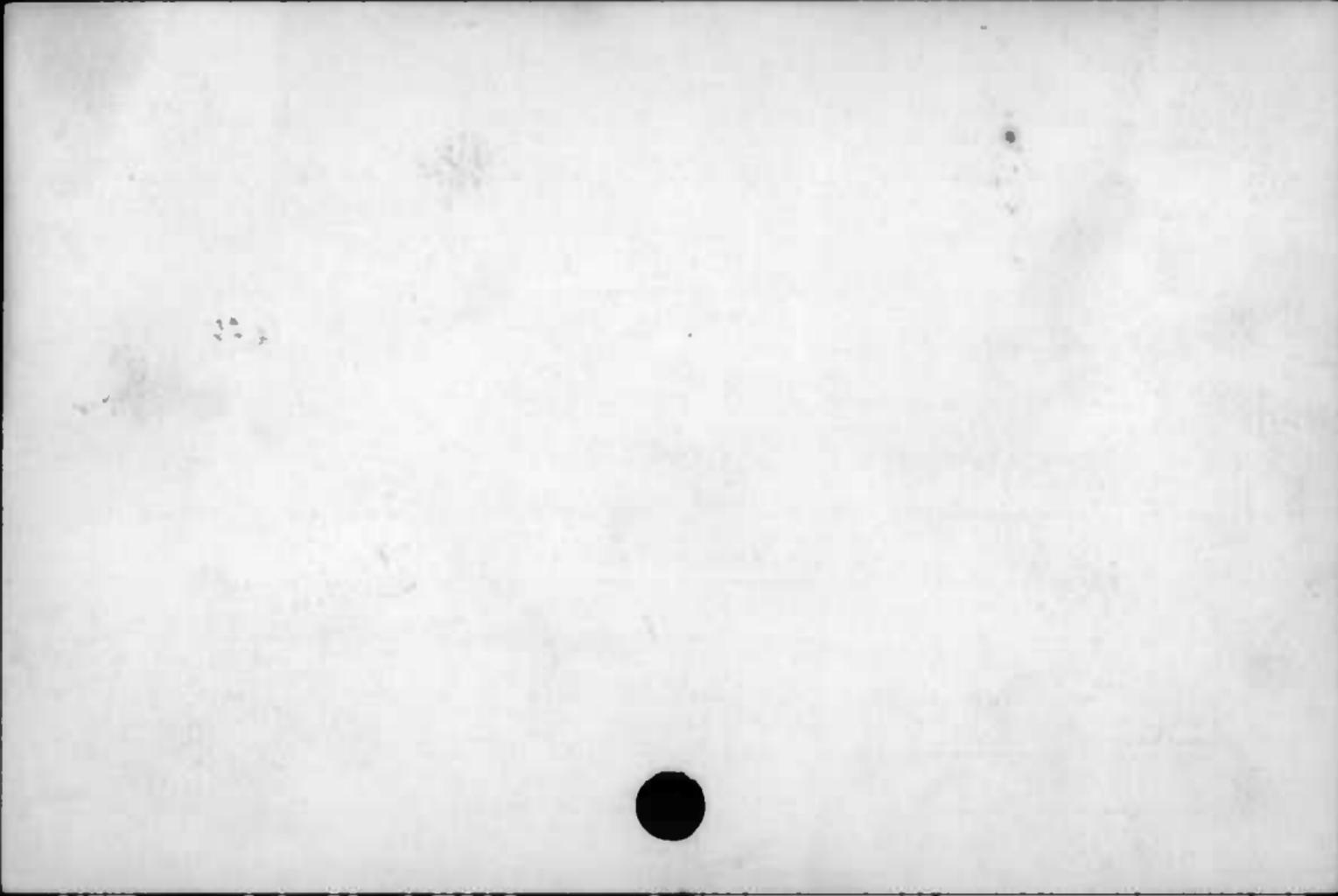
Died at <u>Philadelphia</u>		County <u>Howard</u>		MARYLAND		
Date of death <u>1907</u>	Month <u>Oct.</u>	Day <u>18</u>	Years <u>48</u>	Age <u>48</u>	Months <u>2</u>	Days <u>4</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Howard Co</u>				
Occupation <u>Florist's Daughter</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband					
Father's Name <u>Reht. B. Brown</u>	Father's Birthplace <u>Howard Co</u>					
Mother's Maiden Name <u>Alcinda Johnson</u>	Mother's Birthplace <u>Howard Co</u>					
Name of person giving information <u>Robert B. Brown</u>	How related to deceased <u>Father</u>					

CAUSES OF DEATH

45

PHYSICIAN  
OR CORONER

Primary <u>Melanotic Sarcoma</u>	How long <u>6 months</u>
Immediate <u>General Sarcomatosis</u>	How long <u>6 months</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>H. A. Skinner</u>
	Address <u>Wiley</u>
Accident or Suicide?	



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Darthy Lerauford

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1907	Month Oct	Day 22	Years —	Months 3	Days
Sex	Female	Color or Race	colored			
Occupation	nurse		Where Residing if not at place of death	Ellicott City		
Married, Single or Widowed	single	Name of Wife or Husband	none			
Father's Name	Benjamin Lerauford		Father's Birthplace	Maryland		
Mother's Maiden Name	Florence Rodey		Mother's Birthplace	Maryland		
Name of person giving Information	Benjamin Lerauford		How related to deceased	Father		

CAUSES OF DEATH

151

Primary	Karas neck	How long	1 moa
Immediate	Asphyxia	How long	3 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

H. C. Shire

Address

Ellicott City  
MD

Accident or Suicide?

McMullen Cemetery

Name  
in  
Full

Florance Anita Cross

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>West Friendship</u>		County <u>Howard</u>		MARYLAND	
Date of death <u>1907 Oct 13</u>	Month	Day	Years	Months	Days
Sex <u>Female</u>	Color or Race	<u>white</u>		Birthplace <u>Maryland</u>	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<u>Harry Lee Cross</u>		Father's Birthplace	<u>Maryland</u>	
Mother's Maiden Name	<u>Eva May Ridgley</u>		Mother's Birthplace	<u>"</u>	
Name of person giving information	<u>Mrs O. P. Cross</u>		How related to deceased	<u>Grand Mother</u>	

CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary

Cholera infantum

How long

5 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

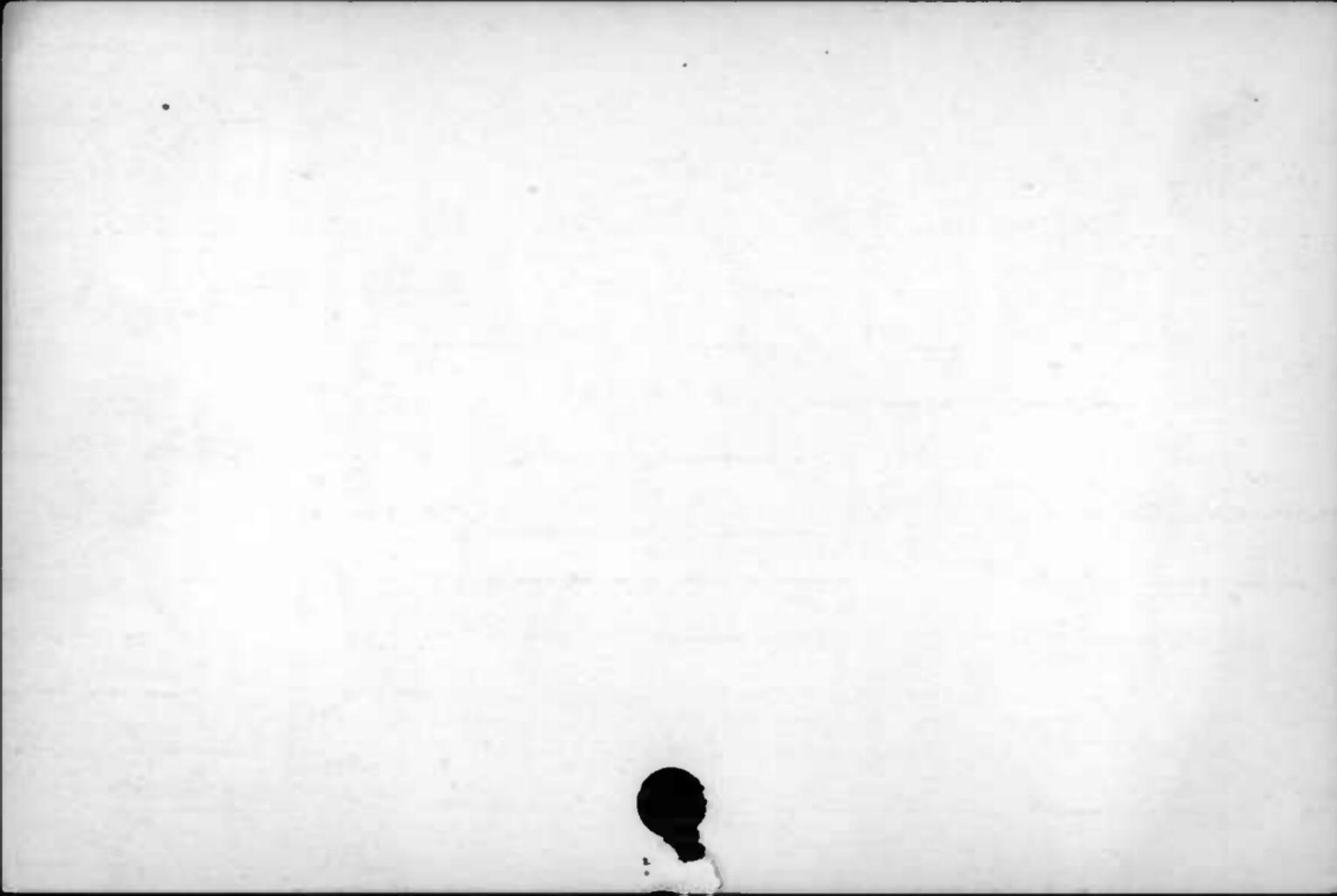
Signature of Physician

Frank W. H. H. H.

Address

West Friendship  
Howard County Md.

Accident or Suicide?



Name  
in  
Full

Nina Elizabeth Foreman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	1907	Month Oct	Day 4	Years 1	Months	Days 14
Sex Female	Color or Race		white		Birth-place	Elkridge
Occupation	Where Residing if not at place of death					Elkridge
Married, Single or Widowed	Name of Wife or Husband		—			
Father's Name	Custer B. Foreman		Father's Birthplace Frederick Co. Md.			
Mother's Maiden Name	Nina R. Metzger		Mother's Birthplace Ill			
Name of person giving information	Custer B. Foreman		How related to deceased Father			

CAUSES OF DEATH

105-

PHYSICIAN  
OR CORONER

Primary Miss Infection

How long 1 day

Immediate Enteric Colitis

How long 2 wks

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

M.R. Eaneckson

Address

Elk Ridge

Accident or Suicide?

Testament of Shurmont  
Frederick Co. Md.  
William C. Black  
Undertaker  
22 N. Guerne St  
Baltimore Md

Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Daniel S. Givens

CERTIFICATE OF DEATH

Died at

Town

lessupper

County

Howard

MARYLAND

Date  
of death 1907

Month

10

Day

18

Years

Age

Months

Days

21

Sex

Male

Color or  
Race

nigro

Birth-  
place

Md

Occupation

Erpant

Where Residing if not  
at place of death

near lessupper

Married, Single  
or Widowed

single

Name of Wife or  
Husband

Father's  
Name

Robert Givens

Father's  
Birthplace

Md

Mother's  
Maiden Name

Kali Ruder

Mother's  
Birthplace

Md

Name of person giving  
Information

Robert Givens

How related  
to deceased

Father

CAUSES OF DEATH

104

How long

7 weeks

How long

progressive

Primary

Indigantia

Immediate

Exhaustion

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

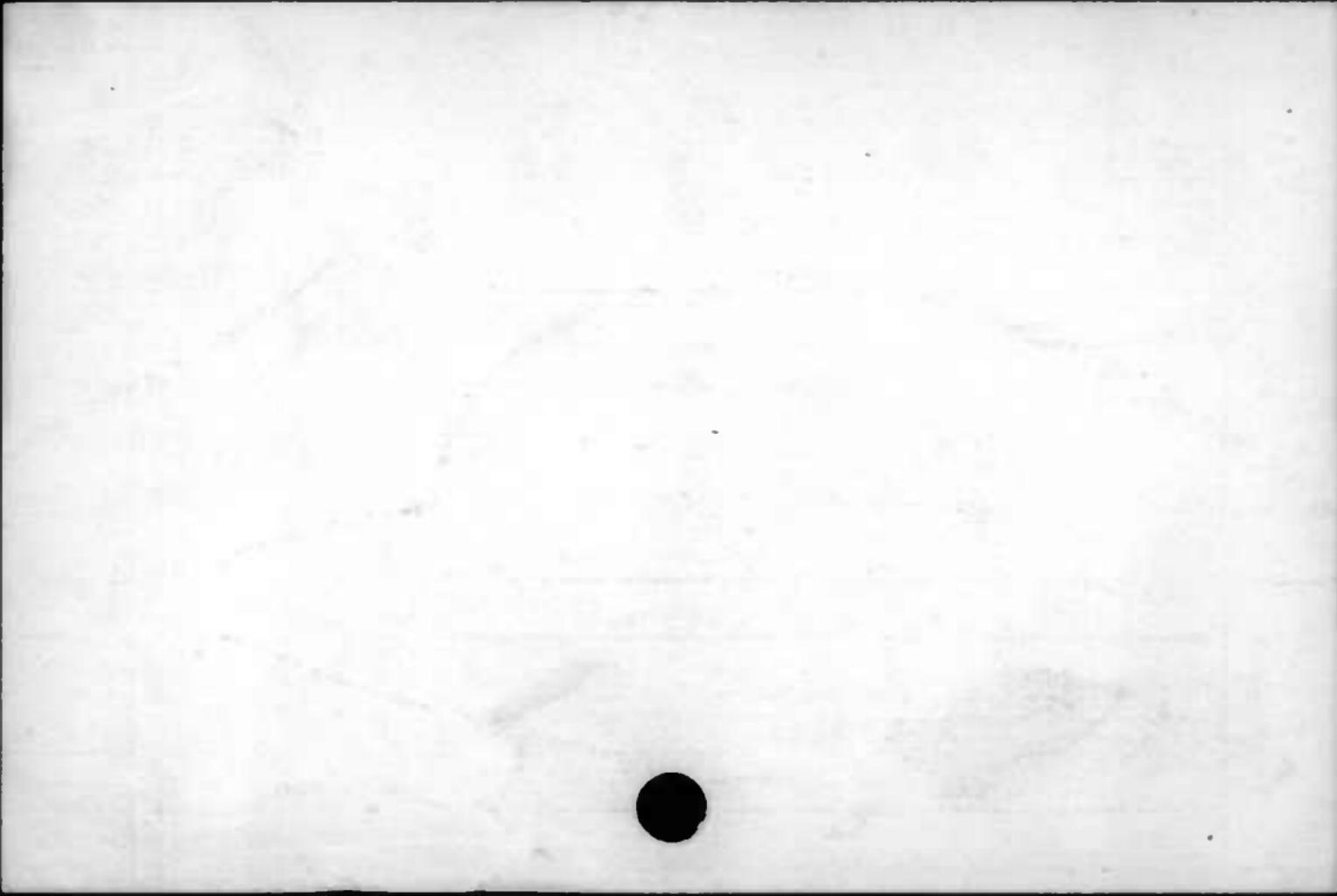
W. M. Givens

savage

Accident or Suicide?

miss

11.5



Name  
in  
Full

James Kaniigan

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <b>Mayfield</b> Town		County <b>Howard</b>		MARYLAND	
Date of death <b>1907</b>	Month <b>Oct</b>	Day <b>16</b>	Years <b>65</b>	Months <b>10</b>	Days <b>26</b>
Sex <b>Male</b>	Color or Race <b>Irish</b>	Birthplace <b>Ireland</b>			
Occupation <b>Farmer</b>	Where Residing if not at place of death <b>at his home</b>				
Married, Single or Widowed <b>Married</b>	Name of Wife or Husband <b>Bridget</b>	Father's Birthplace <b>Ireland</b>			
Father's Name <b>Michael Kaniigan</b>	Mother's Birthplace <b>Ireland</b>				
Mother's Maiden Name <b>Bridget Maydy</b>	Name of person giving information <b>Michael Kaniigan</b>				
How related to deceased <b>Son</b>					

CAUSES OF DEATH

64

How long

about 1 week

How long

about 10 hrs

Primary

*Apoplexy*

Immediate

*Shock*

Are the name, age, sex, color, date and place correctly given above?

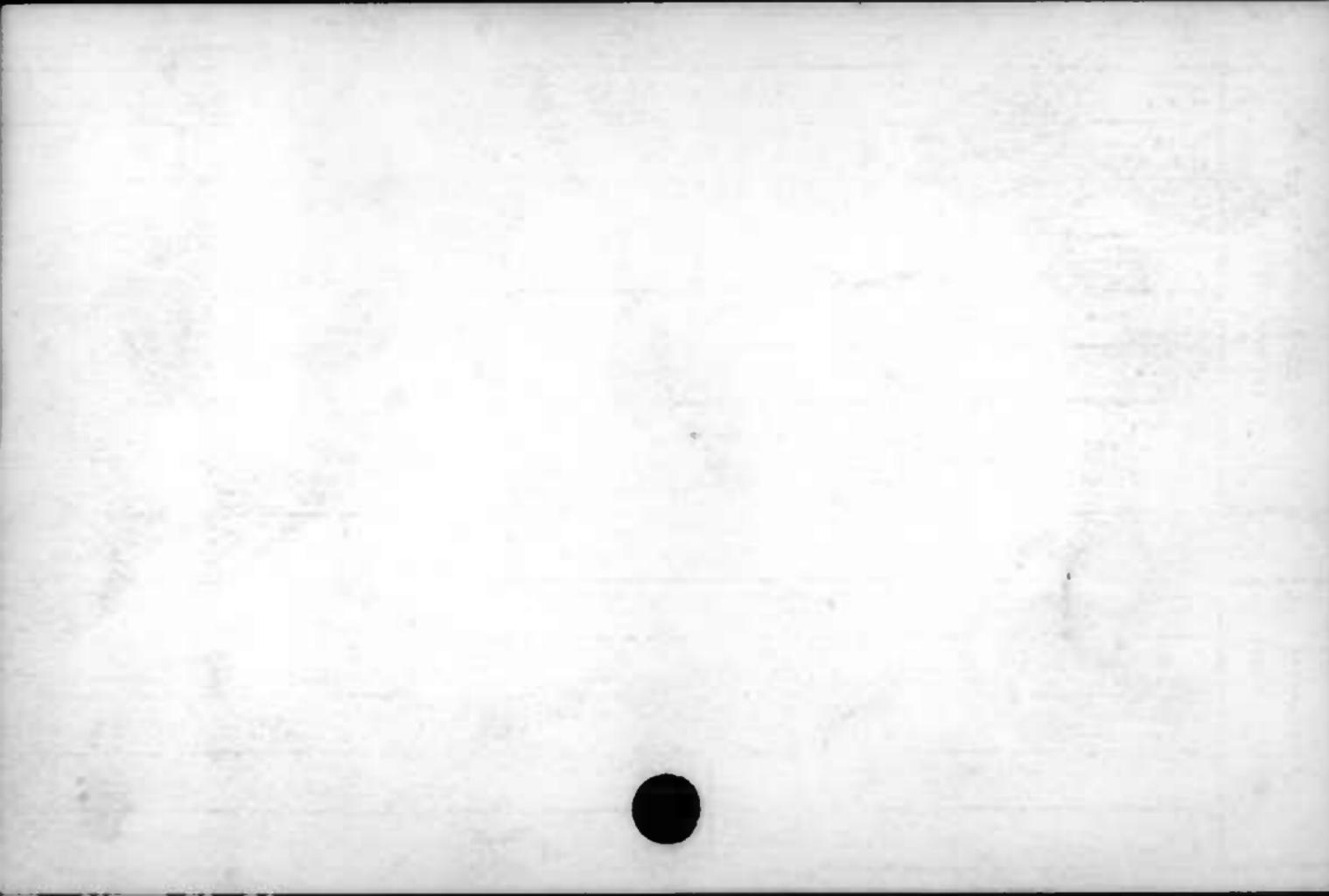
*yes*

Signature of Physician

Address

*Benj. F. Shipley M.D.*  
*alpha Ind*

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Virginia Henry

CERTIFICATE OF DEATH

Died at Fulton

Town

County

MARYLAND

Date of death 1907 Octo

Month

31

Years  
Age 60

Months

Days

Sex Female

Color or  
Race

Colorado

Birth-  
place

Va.

Occupation

Housekeeper

Where Residing if not  
at place of death

Fulton

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

Matilda

Father's  
Birthplace

Mother's  
Maiden Name

Matilda

Mother's  
Birthplace

Name of person giving  
Information

Matilda Johnson

How related  
to deceased

None

CAUSES OF DEATH

116

Primary

Chronic Peritonitis Pelvic

How long

6 mos

Immediate

Cardiac Arrest

How long

Progressive

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

M. M. L. C. C. S.  
Highland Rd.

Accident or Suicide?



Name  
in  
Full

Bogell F. Hobbs

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1907	Dec	20	70	—	—
Sex	Male.	Color or Race	White	Birth-place	
Occupation	Plasterer			Where Residing if not at place of death	
Married, Single or Widowed	Widower	Name of Wife or Husband			
Father's Name	Robert Hobbs			Father's Birthplace	Md
Mother's Maiden Name	Eliza F. Hobbs			Mother's Birthplace	Md
Name of person giving Information	Geo. W. Hobbs			How related to deceased	Son

CAUSES OF DEATH

1

PHYSICIAN  
OR CORONER

Primary

Typhoid fever

How long

13 Days

Immediate

Indirect Typhomimic

How long

2 or 3 Days

Are the name, age, sex, color, date and place correctly given above?

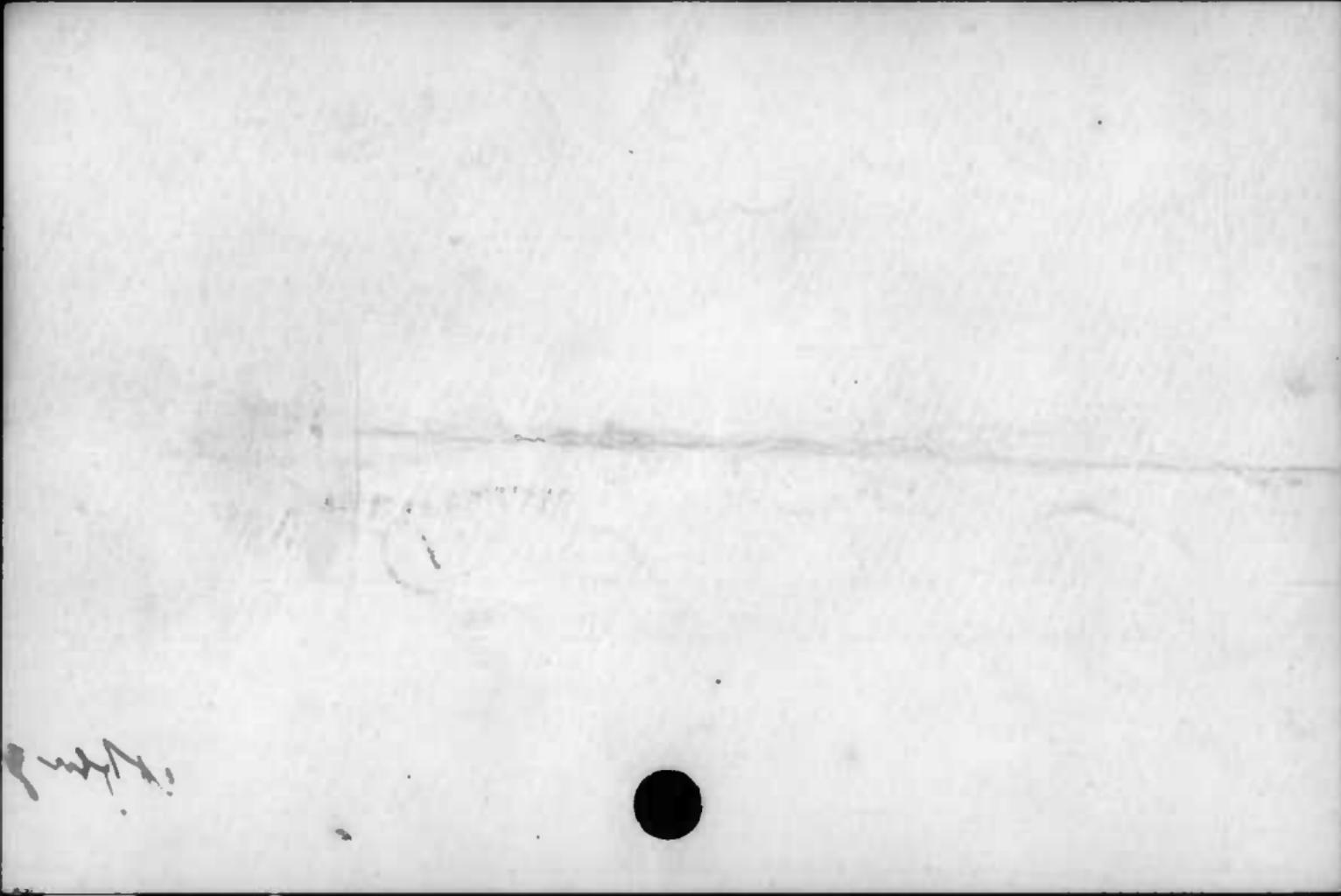
Signature of Physician

Address

C. W. Jeffmeyer  
Oxonville  
Md

Accident or Suicide?

Yes



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Name in Full		Town		County		MARYLAND	
Died at	Harwood	Month	Day	Years	Months	Days	
Date of death 190	7 October	25th	Age	72	10		
Sex	Male	Color or Race	White	Birth- place	Hesse-Darmstadt		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Widowed	Name of Wife or Husband	Not known		Father's Birthplace	Hesse-Darmstadt	
Father's Name	George Horr				Mother's Birthplace	" "	
Mother's Maiden Name	Margaret Yaeger				How related to deceased	daughter	
Name of person giving Information	Clara R. Horr				64	10 days	
CAUSES OF DEATH							
Primary	Cerebral Hemorrhage				How long		
Immediate	some				How long	some	

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

yes

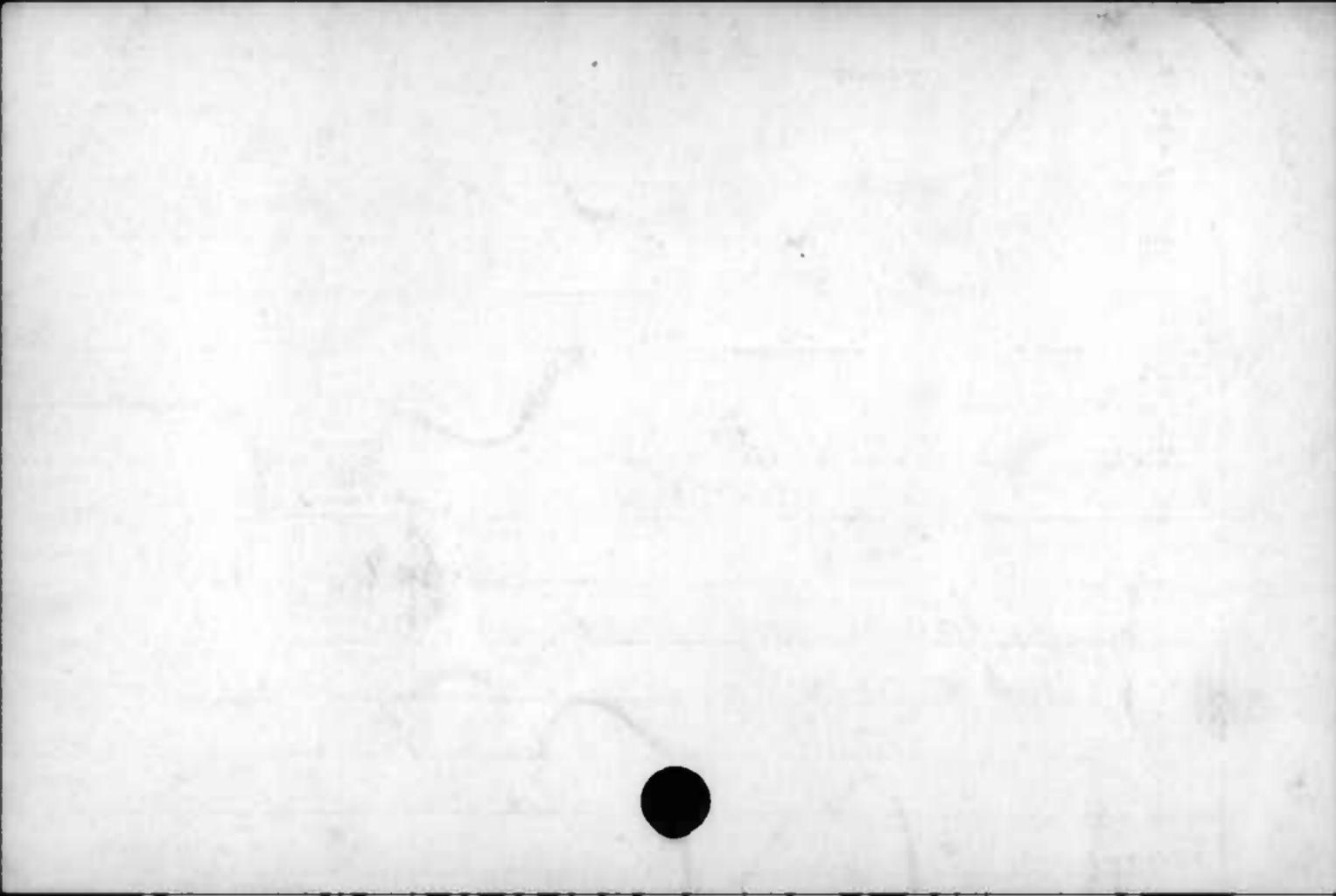
Signature of  
Physician

Address

Arthur Williams  
Eckridge Rd

Accident or Suicide?

no



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1907	Oct.	9.	Age 14.	-	-
Sex	Male.	Color or Race	Negro.	Birth- place	Md.
Occupation	Farm Labourer.				
Married, Single or Widowed	Single.	Name of Wife or Husband	Where Residing if not at place of death		
Father's Name	George Jackson.				
Mother's Maiden Name	Sadie Prettyman				
Name of person giving Information	Chesie Cook.				

CAUSES OF DEATH

34

How long

6 mo.

How long

"General consumption & hemorrhage"

PHYSICIAN  
OR CORONER

Primary

General tuberculosis

Immediate

J. W. Lacy.

Are the name, age, sex, color, date  
and place correctly given above?

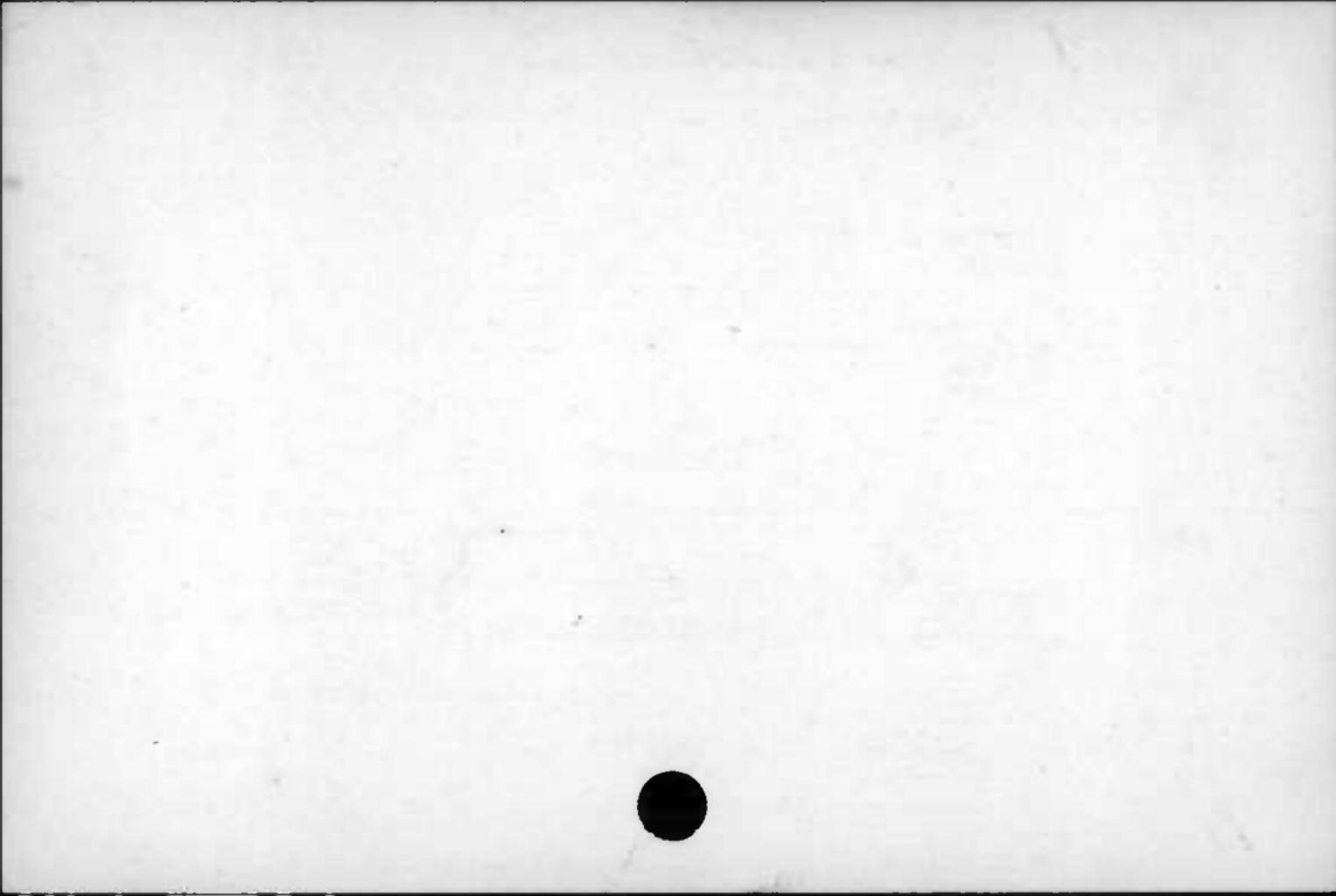
Signature of  
Physician

Address

Lisbon

Accident or Suicide?

Md.



Name  
in  
Full

Pleasant Pearl Elizabeth Jones

CERTIFICATE OF DEATH

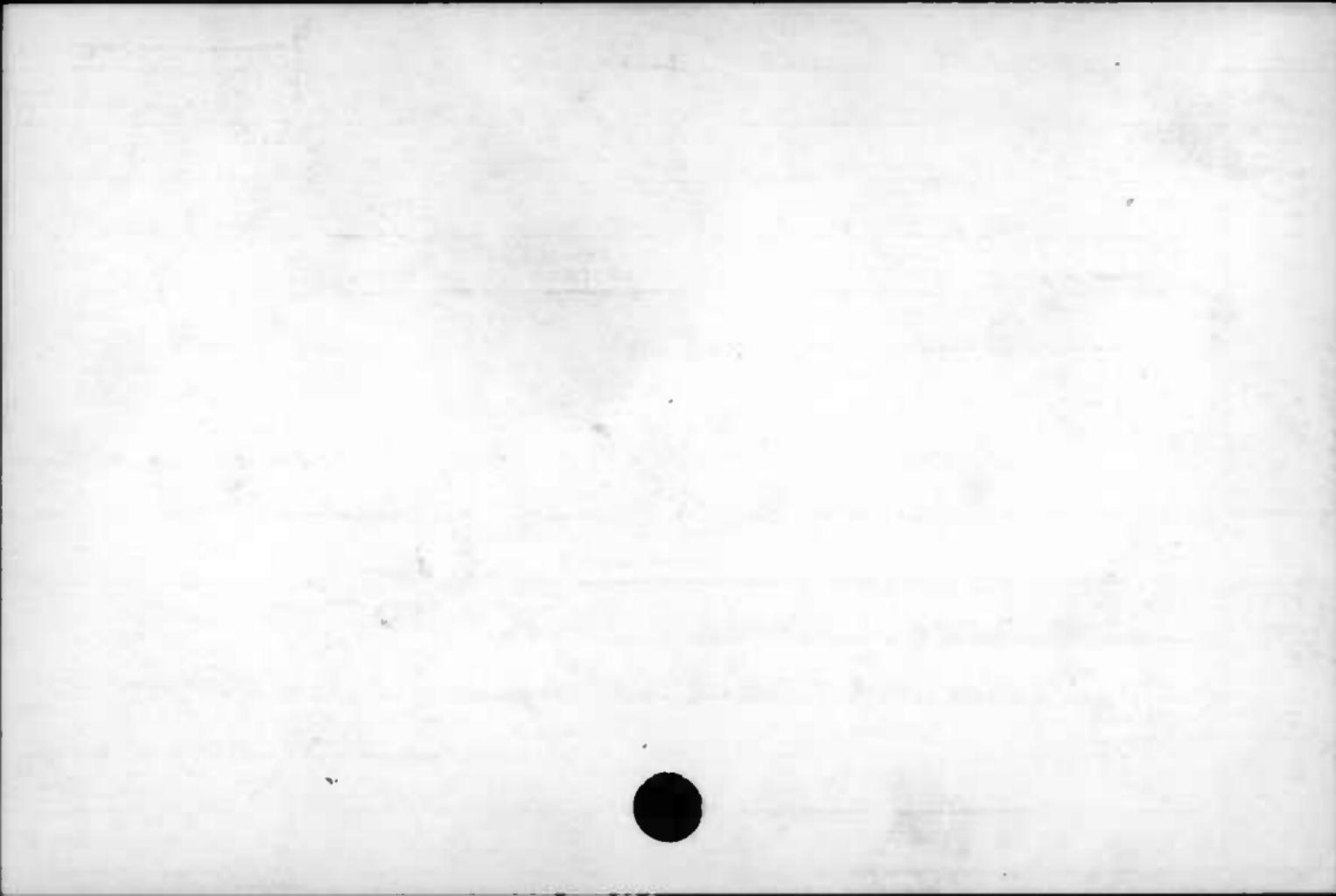
To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Eek Ridge</u>		Town <u>Eek Ridge</u>		County <u>Howard</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Oct.</u>	Day <u>6</u>	Years <u>—</u>	Age <u>—</u>	Months <u>8</u>	Days <u>14</u>	
Sex <u>Female</u>	Color or Race <u>Colored</u>	Where Residing if not at place of death <u>Eek Ridge</u>		Birth-place <u>Eek Ridge</u>			
Occupation <u>—</u>							
Married, Single or Widowed	Name of Wife or Husband						
Father's Name <u>Charles C. Jones</u>					Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Harriet R. Waters</u>					Mother's Birthplace <u>Maryland</u>		
Name of person giving information <u>Elizabeth Jones</u>					How related to deceased <u>Grandmother</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Meek infection</u>	How long <u>1 day</u>
Immediate <u>Enter Coecitis</u>	How long <u>10 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Wm. R. Eareckson</u>
	Address <u>Eek Ridge, Md</u>
Accident or Suicide?	



Name  
in  
Full

Mary Virginia Keigler

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Elicott City <sup>County</sup> Howard

MARYLAND

Date of death 1907 Month Oct Day 25 Age 48 Months — Days —

Sex Female

Color or Race

white

Birth-  
place

Maryland

Occupation

House wife

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

George C Keigler

Father's  
Name

Asbury Molesworth

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Elizabeth Diffey

Mother's  
Birthplace

Maryland

Name of person giving  
Information

George C Keigler

How related  
to deceased

Husband

CAUSES OF DEATH

43

How long

one year

Primary

Carcinoma of Mammary Gland

Immediate

Cardiac and General Asthma

How long

few weeks

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

Yes

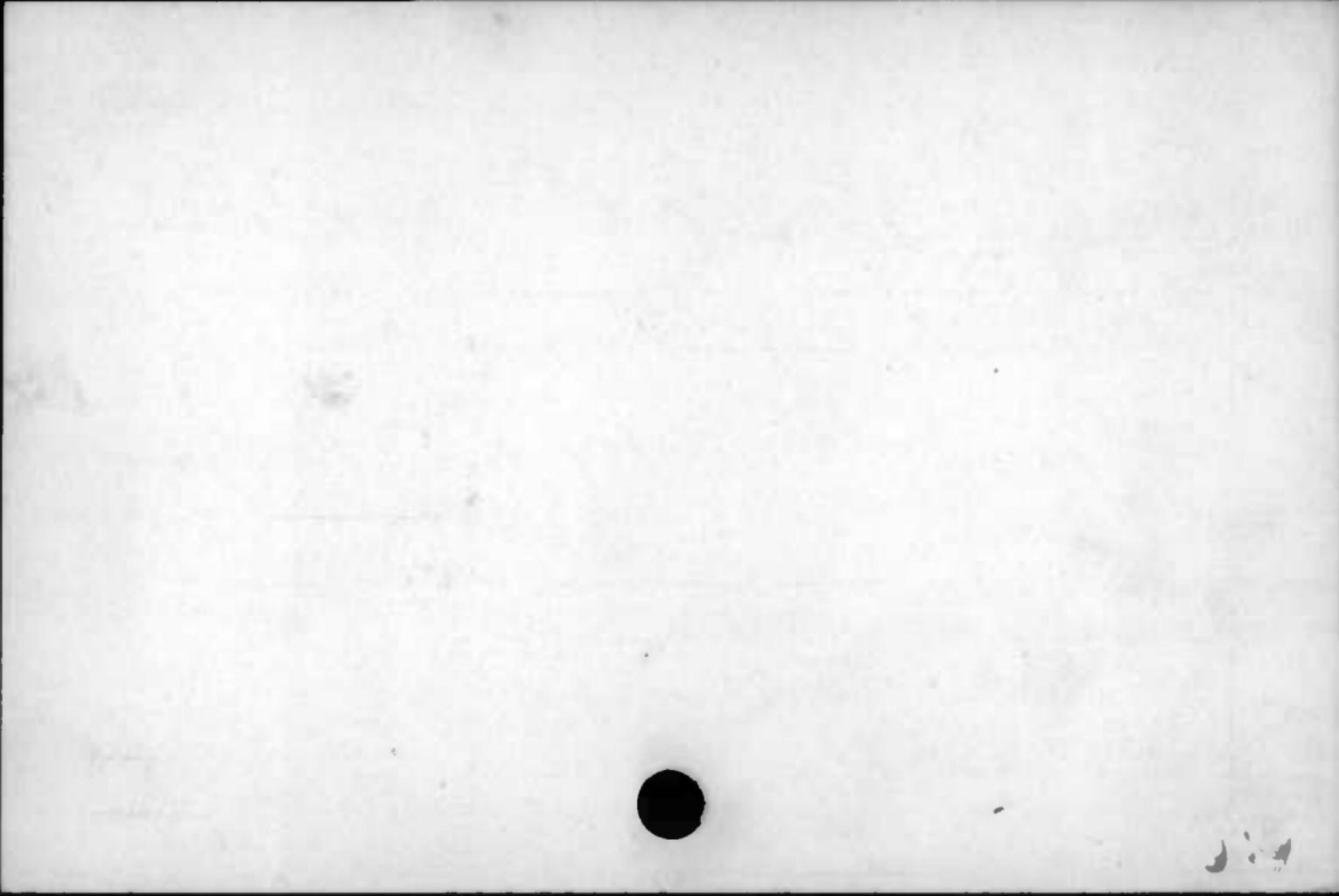
Signature of  
Physician

Frank D. Miller, M.D.

Address

Ellcott City, Md

Accident or Suicide



Name  
in  
Full

James St. King

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

Waterville

County

Howard.

MARYLAND

Date  
of death

1907

Month

Oct.

Day

23

Years

60.

Months

1.

Days

0.

Sex

Male.

Color or  
Race

White.

Birth-  
place

Md.

Occupation

Farmer.

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Margaret Ann Thomas

Father's  
Name

Joseph B. King

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Sarah St. Brucher.

Mother's  
Birthplace

Md.

Name of person giving  
information

How related  
to deceased

CAUSES OF DEATH

162

Primary

Tubes Morsalis.

How long

5 years.

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

J. W. Lacy.

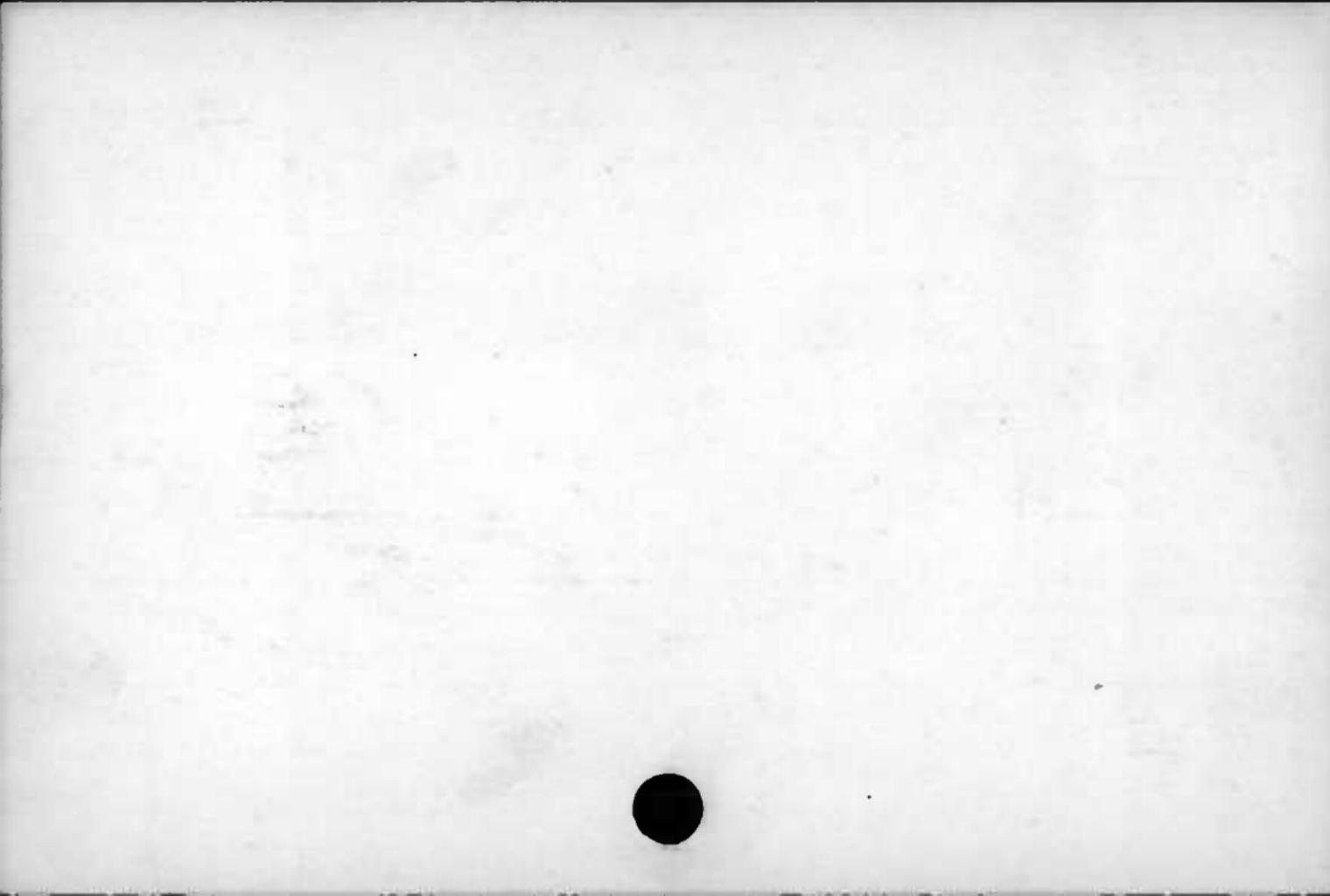
Lisbon

Accident or Suicide?

Md.

PHYSICIAN  
OR CORONER

1300



Name  
in  
Full

George W. Mills

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died <input checked="" type="checkbox"/> near Circleville		Town		County		MARYLAND		
Date of death	1907	Month	October	Day	28	Years	Age	Sixty-nine
Sex	Male	Color or Race	White	Birth-place	Bald City, Md			
Occupation	Farmer		Where Residing if not at place of death		at home			
Married, Single or Widowed	Married	Name of Wife or Husband	Marietta Mayfield Mills					
Father's Name					Father's Birthplace			
Mother's Maiden Name					Mother's Birthplace			
Name of person giving information	P. H. Bowman				How related to deceased	Funeral Director		

CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary Heart Disease

How long Several Years

Immediate 4 9

How long Several Months

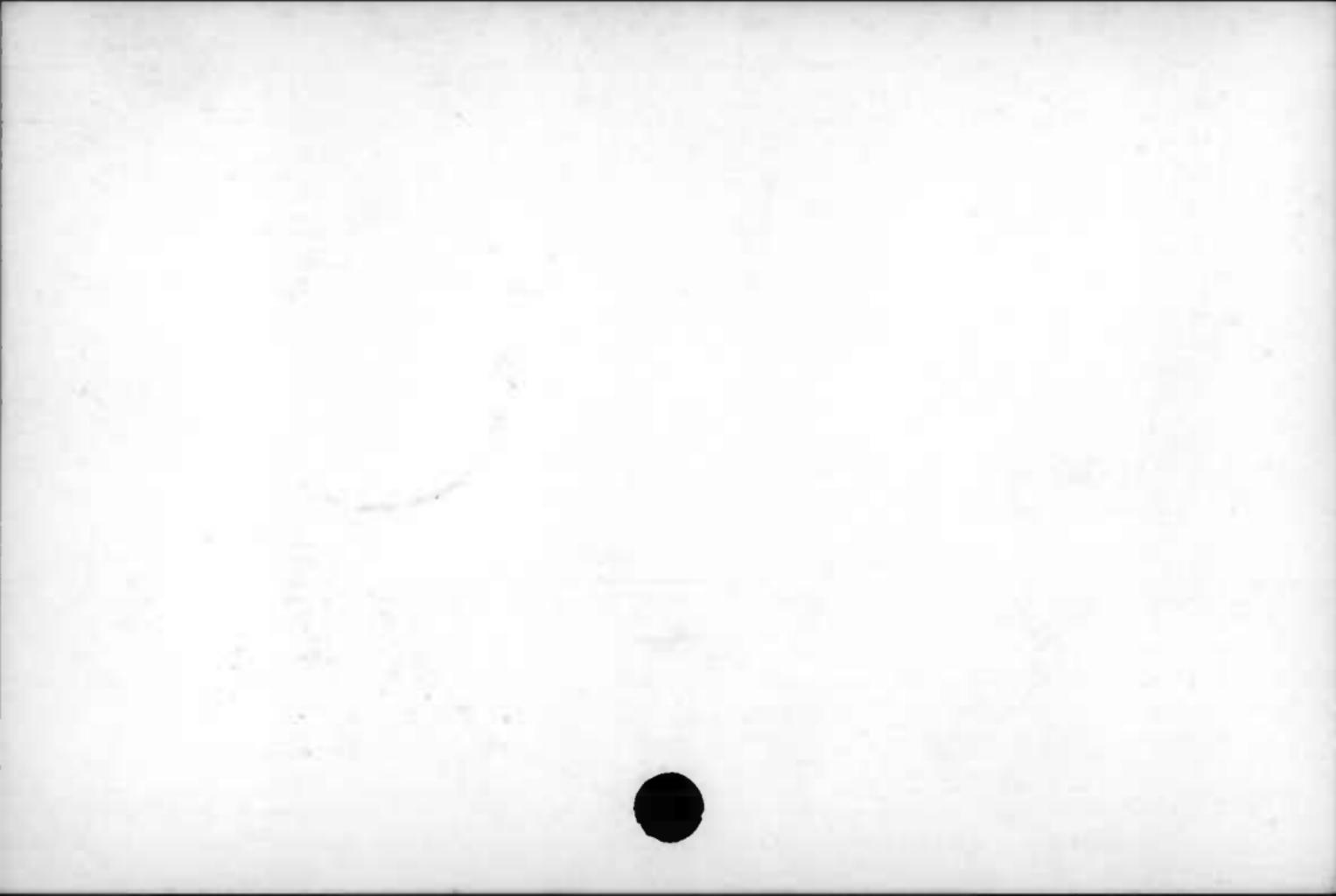
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

R. O. D. Mayfield  
Lisbon, Md

Accident or Suicide?



Name  
in  
Full

Ernest Morison

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

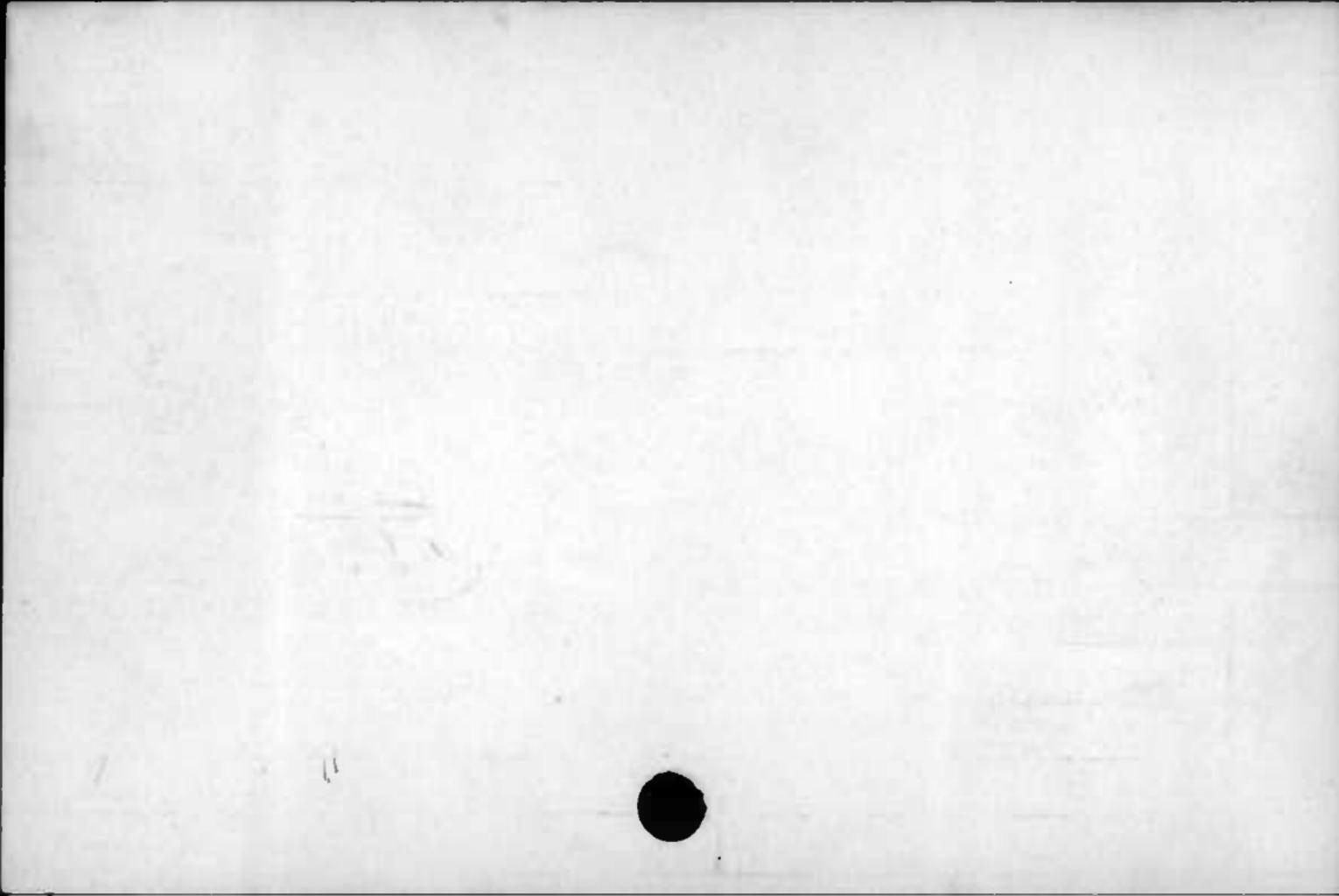
Died <u>near Ilchester</u>		Town	County <u>Howard</u>		MARYLAND		
Date of death <u>1907</u>	Month <u>Oct.</u>	Day <u>31</u>	Age <u>27</u>	Years	Months <u>3</u>	Days <u>14</u>	
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>					
Occupation <u>None</u>	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name <u>Ernest N. Morison</u>	Father's Birthplace <u>Maryland</u>						
Mother's Maiden Name <u>Priscilla Ridgley White</u>	Mother's Birthplace <u>Maryland</u>						
Name of person giving information <u>Mrs. E. N. Morison</u>	How related to deceased						

CAUSES OF DEATH

29

PHYSICIAN  
OR CORONER

Primary <u>Intestinal tuberculosis</u>	How long <u>1 month</u>
Immediate <u>Insanity</u>	How long <u>1 month</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Wm. R. Eareckton</u> Address <u>Box Ridge, Md</u>
Accident or Suicide?	



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Edna May Peddicord

CERTIFICATE OF DEATH

Died at Elk Ridgeown County Howard MARYLAND

Date of death 1907 Oct Month 11 Day Years Age 23 Months 10 Days 27

Sex Female Color or Race White Birth-place Baltimore, Md

Occupation Stenographer Where Residing if not at place of death Elk Ridge

Married, Single or Widower — Name or Wife or Husband —

Father's Name Gilbert W. Peddicord Father's Birthplace Bueto. Md.  
Mother's Maiden Name Elizabeth Silbereisen Mother's Birthplace Balto Md.  
Name of person giving information Christina Silbereisen How related to deceased Aunt

CAUSES OF DEATH

27

Primary Grip How long 1wk  
Immediate Pulmonary tuberculosis How long 9 mos.

Are the name, age, sex, color, date and place correctly given above?

yes

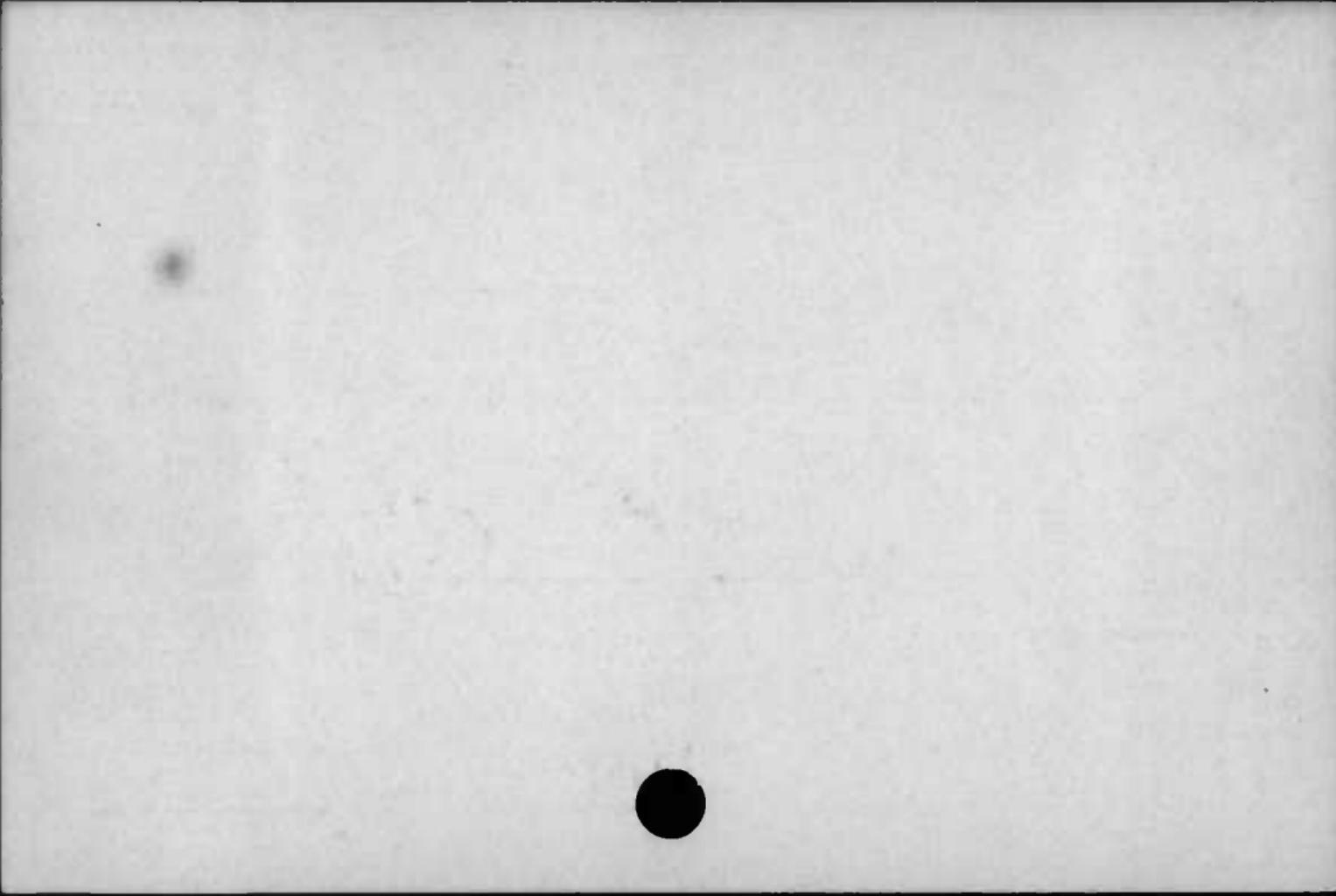
Signature of Physician

M.R. Erickson

Address

Elk Ridge, Md.

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Michael J. Robinson

Town

County

CERTIFICATE OF DEATH

Died at  
Dear Harvey

Howard

MARYLAND

Date  
of death

1907

Month

Oct.

Day

31

Years

55 or 56

Months

Days

Age

Sex

Male

Color or  
Race

White

Birth-  
place

Ireland

Occupation

Labores

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

Not known

Father's  
Birthplace

Ireland

Mother's  
Maiden Name

Not known

Mother's  
Birthplace

Ireland

Name of person giving  
Information

Itself

How related  
to deceased

120

How long

Don't know

How long

1 week

CAUSES OF DEATH

Primary

Ch. Nephritis

Immediate

Acute bronchitis

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

M.P. Eanekson

Address

Eek Ridge Me

Accident or Suicide?

Sp. Cemetery

Pfaffendorf

Dec 1/07

Name  
in  
Full

Walter C. Sinclair

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died <u>near Elk Ridge</u>		Town <u>Howard</u>		County <u>Howard</u>		MARYLAND		
Date of death <u>1907</u>	Month <u>Oct.</u>	Day <u>15</u>	Years <u>19</u>	Age <u>19</u>	Months <u>11</u>	Days <u>11</u>		
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Baltimore, Md</u>				
Occupation <u>Farmer</u>			Where Residing if not at place of death <u>near Elk Ridge.</u>					
Married, Single or Widow <u>Single</u>	Name of Wife or Husband <u>—</u>							
Father's Name <u>Joseph C. Sinclair</u>			Father's Birthplace <u>Baltimore, Md</u>					
Mother's Maiden Name <u>Louisa F. Hoar</u>			Mother's Birthplace <u>Baltimore, Md.</u>					
Name of person giving information <u>Joseph C. Sinclair</u>			How related to deceased <u>Father</u>					

CAUSES OF DEATH

(11)

Primary

Typhoid fever

How long

about 4 wks

Immediate

Intestinal perforation, peritonitis

How long

1 week

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Dr. R. Eaneckson

Address

Elk Ridge, Md.

PHYSICIAN  
OR CORONER

Accident or Suicide?

For I should be

11

Name  
in  
Full

Hudson Snell

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Months	Days
1907		10	15	56	—	—
Sex		male	Color or Race	black	Birth-place	md
Occupation		Where Residing if not at place of death		—		
Single or Widowed		Single	Name of Wife or Husband	—		
Father's Name		Dennis Snell		Father's Birthplace	md	
Mother's Maiden Name		Annie Matthews		Mother's Birthplace	md	
Name of person giving information		Joseph Campbell		How related to deceased	nephew	

CAUSES OF DEATH

72

Primary not known How long 3 days  
Immediate Tetanus How long 3 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

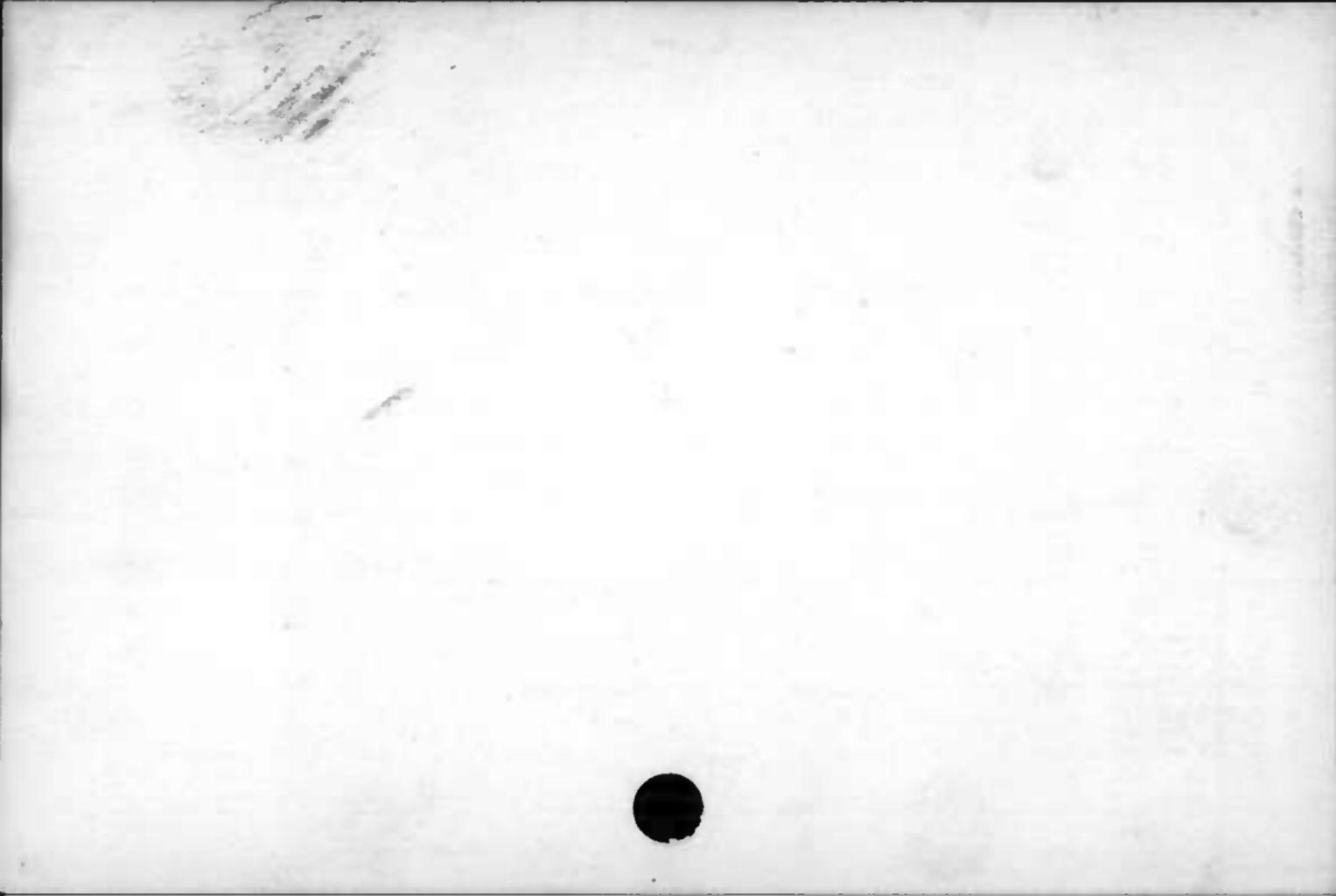
W. F. Taylor

Address

Laurel Md

PHYSICIAN  
OR CORONER

Assault or Suicide?



Name  
in  
Full

Anna Martha Super.

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birthplace		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Henry F. Super			
Father's Name	Eckard -				
Mother's Maiden Name	Kuhman.				
Name of person giving information	W. F. Super				

CAUSES OF DEATH

118

PHYSICIAN  
OR CORONER

Primary

Appendicitis

How long

4 days

Immediate

Peritonitis

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Chas C. Tumelson

Address

Guilford

Accident or Suicide?

2nd -

